American Optometric Association
NEWS

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New law: Illinois schoolkids must have eye exams

With a 112-0 vote, the Illinois General Assembly overrode Gov. Rod Blagojevich's (D) amendatory veto on SB 641, which requires comprehensive eye exams for children entering kindergarten or enrolling for the first time in public, private, or parochial elementary schools in Illinois.

The amendatory veto would have allowed various health professionals who are not specifically trained in the eye and who may not have the appropriate equipment to perform eye exams.

The General Assembly rejected that approach, insisting that only qualified eye doctors – such as optometrists and ophthalmologists – can conduct exams.

"Clear and comfortable vision is essential for learning, and this new law will help Illinois children succeed and reach their full potential," Sen. Deanna Demuzio (D) said. "This measure will help children read and see chalkboards more clearly. All Illinois children deserve the tools they need to fulfill their potential, and our students will benefit from this law."

The new law will take effect Jan. 1, 2008, requiring eye exams within one year prior to kindergarteners starting school and for all students who are entering school in Illinois for the first time.

The law states "an eye examination shall at a minimum include history, visual acuity, subjective refraction to best visual acuity near and far, internal and external examination, and a

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House passes bill to expand federal commitment to eye and vision care

In order to ensure that school-age children are ready and able to learn, the U.S. House of Representatives passed the AOA-backed *Vision Care for Kids Act of 2007* (H.R. 507).

The bill passed Oct. 15 on a voice vote. An identical bill, S 1117, has been introduced in the Senate.

The legislation recognizes the link between healthy vision and classroom learning and seeks to provide new federal funding to expand the reach of children's vision programs enacted at the state level.

Originally introduced by Reps. Gene Green (D-TX); Bill Pascrell (D-NJ); Ileana Ros-Lehtinen (R-FL); Eliot Engel (D-NY) and Vito Fossella (R-NY), the *Vision Care for Kids Act* would establish a federal grant program focusing on treatment

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William Lay, O.D., leads a course, "Baby, Look at Me Now," during the EastWest Eye Conference Oct. 6. Faith Salyer, O.D., is holding the paddles. Others pictured are Jacqueline Davis, O.D., leaning in at left, and Angelina Andrich, O.D., kneeling at right.

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Can we talk?

Dr. Alexander

OK—can we talk?

The comedian Joan Rivers was famous for her expression "Ok, can we talk?" So forgive me as I borrow her phrase when I say to you, the AOA member, "OK, can we talk about new schools and colleges of optometry?" It's time to put this issue into perspective.

The profession is keenly aware of the attempts to start new schools – one in North Carolina (no longer in progress), one in Pomona, CA (accepting its first class in 2009), and two other schools in the planning stages in Texas and Arizona. Why would the institutions sponsoring these schools be interested in spending the estimated $30 million startup costs in establishing these schools?

Before delving into this issue, I submit that optometry, as a profession, should be flattered. After all, business is business, and obviously these institutions see the future of our profession as very bright to make this kind of investment.

And can you blame them? To those outside the profession, the future looks great for optometry. In December 2006, *US News & World Report* ranked optometry in the top 25 best careers for 2007. *Kiplinger's* magazine also ranked optometry as second on the list of "7 great careers for 2007." After all, with an aging population, doesn't it all just make sense?

In spite of these indicators of a thriving profession, many optometrists complain that they can't make a living at optometry. They fear that the corporate and chain optometrists are taking over what was once a "nice little profession" and that increasing the number of optometrists will only make their fears reality. Recently, one optometrist told me "it used to be as easy as falling off a log to make a living in optometry. Now, I really have to work at it—there are just too many optometrists."

I'm no economist, but I'll bet if you interviewed many business folks, they would say the same thing about their markets. I wonder what the chairman of a major airline or the chairman of what once was the world's largest telecommunication company would say about how easy it is to make a buck today?

One sure way to end up in a court of law would be to violate the antitrust laws in this country.

The point is that the world has changed and competition and consumer choices have never been greater. Optometry (and the rest of health care) is not immune from the change all business is experiencing. We are all being asked to do more with less and, at times, it is overwhelming.

Do we have too many optometrists? How do we know? For sure, if an OD opens up across the street from you or Wal-Mart sets up in your town, from where you stand it certainly looks like there are too many optometrists.

And, although I know that many of you fervently believe there is an oversupply of optometrists, the conclusion is largely anecdotal. Such a perception also varies between small-town and large, metropolitan settings.

But has there been a legitimate study of the issue that would support an evidence-based action on the part of the profession?

In 1999, the AOA released a manpower study by Abt Associates that concluded that there would be an oversupply of optometrists through the year 2030. In fact, they concluded that even if we closed 10 percent of the schools and colleges of optometry, there would still be an oversupply.

"Aha!" you say, "Now we are getting somewhere."

But wait, the study went on to say that if demand for eye care services would increase to the level recommended by the AOA through our clinical practice guidelines, an additional 14,000 optometrists or ophthalmologists would be required to meet the need. They further stated that if the demand increased by only 1 percent per year, there would be an undersupply by the year 2011.

Has the demand for eye and vision care increased since 1999? I would argue that it has.

For starters, baby boomers — the largest generation in history — are aging at a rapid rate, with all the eye and vision problems that go with it, including the need for low vision services.

War has increased the demand for optometric services as veterans return with vision problems due to traumatic brain injury; and just this year, the Veterans Administration plans to fund up to 40 additional blind rehabilitation centers across the country.

Sports vision has come of age as an optometric specialty fueled by an increased awareness of both functional performance issues and eye safety. New Jersey recently enacted a law that requires eye protection for kids wearing corrective lenses participating in school sports.

The increased focus on children's vision as evidenced by both state and federal legislation has led to increased

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Survey: practice revenues (and expenses) increasing

Revenues in AOA-member optometric practices are increasing, but so are expenses, according to the 2007 AOA Economic Survey.

That is putting a squeeze on practice profits; however, take-home pay for optometrists, overall, is still increasing.

"It looks like overall practice gross revenue has increased nicely, group private practice net income has grown, but overall net income in some practices is flat to slightly reduced. Reasons might include increased overhead and increases in staffing that have not yet resulted in the efficiency and productivity gains one would expect," assessed AOA Information and Data Committee Chair Richard C. Edlow, O.D.

AOA Economic Surveys are conducted by the AOA Information and Data Committee every two years. The latest survey was in 2006.

Two-thirds (67.1 percent) of the optometrists participating in the most recent AOA Economic Survey designated themselves as primarily self-employed. Among those practitioners, the mean (average) net income from self-employment per optometrist in 2006 was $175,329, up 17 percent from the $148,923 reported in 2004.

Median net income per optometrist, which is less likely to be skewed by a small number of very high earners, was $140,000 last year or about 10.2 percent more than the $127,500 reported in 2004.

The 2007 AOA Economic Survey also includes composite data that take into account self-employed individual net income and income from employment, committee members note. That provides a picture of income changes over time.

The median composite income data for all ODs in 2006 was $105,000, but individual net earnings continue to vary widely among optometrists.

The lowest quartile report median net incomes of $84,000 or less while those in the highest quartile report total individual net incomes of $150,000 or more.

Group private practices report the highest net income growth. Median total individual net income for optometrists in two-person partnerships was $149,000 in 2006.

The survey found that optometrists in employed setting earned about the same income in 2006 as in 2004. The survey also finds, as in previous years, income for female optometrists lags that for male optometrists.

A more detailed discussion of the 2007 AOA Economics Survey will appear in the Practice Strategies section of the December edition of *Optometry: Journal of the American Optometric Association.* AOA members can access complete copies of Highlights of the 2007 AOA Economic Survey on the AOA Web site (*www.aoa.org*).

FTC warns 15 marketers of cosmetic contacts

On Oct. 12, Federal Trade Commission (FTC) staff sent warning letters to 15 sellers of non-corrective, cosmetic contact lenses who appeared to be providing contact lenses to consumers without valid prescriptions.

Under the FTC's Contact Lens Rule, sellers of both corrective and non-corrective cosmetic contact lenses must have a copy of a valid contact lens prescription or verify it with the prescriber before dispensing contact lenses to consumers. Failure to do so can result in civil penalties of up to $11,000 per violation.

The warning letters include guidance for sellers on their obligations under the Rule, directing them to "The Contact Lens Rule: A Guide for Prescribers and Sellers," and "Complying with the Contact Lens Rule." Consumers can learn more about cosmetic contact lenses in "Avoiding an Eyesore: What to Know Before You Buy Cosmetic Contacts," and about their rights under federal law in "The Eyes Have It - Get Your Prescription."

In 2003, Congress enacted the *Fairness to Contact Lens Consumers Act,* which imposed new prescription release and verification requirements on prescribers and sellers of contact lenses. In July 2004, the Commission issued the Contact Lens Rule to implement the act. In 2005, Congress amended the law to require prescriptions for purely cosmetic lenses used to change the color or appearance of the eye.

President

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demand for eye care for these young patients. As momentum for children's vision grows, we can expect more states to follow. The AOA program InfantSEE®, the largest public health eye care initiative ever, has created an awareness of a lifetime of regular eye care.

Since 1999, the treatment of disease by optometrists nationwide has increased. More glaucoma patients than ever before now obtain their ongoing care from optometrists.

A leading pharmaceutical company reports that today optometrists write more prescriptions for ocular allergies than all physicians except ophthalmologists.

So, do we need more optometry schools? Based on what we actually do know about the numbers of optometrists today and what it costs to start a new school, the answer is "probably not."

Do we need more optometrists given what we know about the future demand for eye and vision services? The answer is "possibly"—if the current trend continues. If a study were done today and showed an oversupply of optometrists, we clearly do not need new schools. If such a study showed an undersupply, the opinion of the AOA is that such a demand for new ODs could probably be satisfied by increasing class sizes at existing schools.

The AOA continues to look at updating the workforce study. However, this is a very expensive undertaking. One of the overwhelming obstacles to determining the need for new optometrists is that, currently, there is no reliable way to count exactly how many optometrists exist in the country.

Because many of us hold multiple licenses, one cannot simply go to each state board and "get the list," as it has been suggested. Nevertheless, contemporary workforce data would be invaluable to anyone considering starting a new optometry school, and the AOA will be looking at updating our data.

Some of you have taken the protectionist's position and demanded that "the AOA take a stand against the opening of new schools." May I remind you that we live in a country that protects free enterprise?

One sure way to end up in a court of law would be to violate the antitrust laws in this country. Those who believe the AOA's antitrust concerns are dubious have even quoted a recent *New York Times* article that purportedly quotes the American Dental Association as "opposing new dental schools."

"Why is the ADA immune from antitrust laws?" they ask. The truth is that the ADA is quite aware that they are not immune from antitrust laws and confirm that they were misquoted in the *Times* article.

According to Tamra Kempf, ADA General Counsel, "the *New York Times* inaccurately reported that the ADA does not support the opening of new schools or otherwise increasing the number of dentists."

We've seen what happens when a professional organization attempts to run interference with a startup school.

Western University of Health Sciences, in Pomona, CA — one of the universities contemplating a new school of optometry, as it happens — sued the American Veterinary Medical Association in federal court claiming restraint of trade and denial of due process.

Various claims and counterclaims were settled, with substantial legal costs. The bottom line after years of controversy? Western University's College of Veterinary Medicine admitted its charter class of 85 students in the fall of 2003. Some will graduate this spring.

As a final comment, the AOA will continue to provide leadership to accurately portray optometric manpower issues. Hopefully, such information will assist institutions, applicants and even practitioners in making good decisions about the future of the profession.

The final decision as to whether a new school is established rightfully rests with the sponsoring institution.

Kevin L. Alexander OD, PhD

Disclaimer: In addition to being the AOA president, Dr. Alexander is also the dean of the Michigan College of Optometry. His opinions in no way reflect the opinions or policies of the Association of Schools and Colleges of Optometry.

Medicaid tamper-resistant Rx requirement delayed

Health care providers will now have until April 1, 2008, to comply with a new Medicaid mandate under which pharmaceutical prescriptions are to be written on tamper-resistant paper.

The U.S. Centers for Medicare and Medicaid Services (CMS) had announced it would require Medicaid non-electronic prescriptions to meet at least some standards for tamper resistance by Oct. 1.

However, that deadline was pushed back six months with legislation signed Sept. 29 by President George Bush. Lawmakers added a provision to delay the Medicaid tamper-resistant prescription requirement just before sending the bill to the White House.

The last-minute delay came as the result of an outcry from pharmacists and health care provider groups – including the AOA – who said providers would not have time to meet the new requirement by the planned early fall deadline.

"Had lawmakers and the White House not delayed the requirement, Medicaid patients around the nation might well have been denied access to necessary medication because health care providers could not obtain the necessary prescription pads in time and Medicaid patients could not get their prescriptions filled," said Michele R. Haranin, O.D., chair of the AOA Federal Relations Committee.

"The nation's community pharmacists would have had to choose between serving their patients and being reimbursed for the Medicaid prescriptions they file—a decision no pharmacist should have to face," National Association of Chain Drug Stores (NACDS) President and Chief Executive Officer Steven C. Anderson said.

The controversial requirement was enacted earlier this year as part of an Emergency Supplemental Appropriations bill (Pub. L. No. 110-28).

State Medicaid directors were informed of the new requirement in an Aug. 17 CMS directive. That gave states just six weeks to inform health care providers of the mandate.

The AOA was among 48 state and national health care-related organizations to sign a Sept. 17 letter to key congressional leaders, asking that the requirement be postponed one year.

As a result, a "Dear Colleague" letter was circulated by Reps. Charlie Wilson (D-OH), Mike Ross (D- AR), and Marion Berry (D-AR), calling for a delay in the requirement.

Legislation specifically to delay or change the requirement was introduced in the Senate as S 2013 by Sens. Sherrod Brown (D-OH) and George Voinovich (R-OH) and in the House as HR 3090, sponsored by Reps. Wilson (D-OH), Ross (D-AR), and Berry (D-AR).

Under the new requirement, Medicaid pharmaceutical prescriptions must be issued on pads incorporating industry-recognized features to prevent:

- Unauthorized copying,
- Erasure or modification, and
- Counterfeiting.

Pads will now have to meet at least one of those requirements by April 1, 2008, and all three by Oct. 1, 2008.

The letter issued by the CMS to state Medicaid directors explains that emergency fills are allowed as long as a prescriber provides a verbal, faxed, electronic, or compliant prescription within 72 hours after the date on which the prescription is filled.

However, in some cases, Drug Enforcement Administration (DEA) regulations regarding controlled substances may require a written prescription, the CMS also notes.

Improved AOA Tamper Alter-Proof Prescription Forms are now available through the AOA Order Department.

They are specifically designed to meet all three of those tamper resistance requirements.

The prescription pads can be ordered through the AOA Order Department by calling (800) 262-2210.

Kids

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and designed to bolster children's vision initiatives in the states and encourage children's vision partnerships with non-profit entities.

H.R. 507 directs the U.S. Department of Health and Human Services, through the Centers for Disease Control and Prevention (CDC), to provide $65 million in grant funding to proven efforts to allow more children, particularly those under 9 who are already known to be at risk for vision problems, to receive comprehensive eye examinations and appropriate care from their local optometrists or other eye doctors.

Grants would also go toward supporting public education and awareness efforts designed to promote early detection and treatment of vision.

Ten million children suffer from vision disorders, according to the National Parent Teacher Association. Vision disorders are considered the fourth most common disability in the United States, and they are one of the most prevalent handicapping conditions in childhood.

"It's a simple solution to a serious problem," Rep. Gene Green (D-Texas), a founding member and chair of the Congressional Vision Caucus, said. "We target uninsured school-age children at risk for vision disorders, especially those younger than 9. The cost of early treatment is always less than the cost of late treatment, so we would be spending scarce health care dollars in the wisest manner possible."

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Undetected and untreated vision deficiencies, particularly in children, can take a large toll. Studies have shown that the costs associated with adult vision problems in the U.S. are at $51.4 billion.

"I applaud the House of Representatives for recognizing the important role of vision care in the early development of our youngest students," said U.S. Rep. Bill Pascrell (D-NJ). "Eye health has a direct impact on learning and achievement. It is unacceptable that only one in three children will receive preventative vision care before they reach elementary school. Today's progress would reverse a careless oversight in the early development of America's children and open new worlds of academic and social opportunity."

"The Green-Pascrell *Vision Care for Kids Act* is an important assignment for Congress and a timely reminder for America of what needs to be done to help concerned parents and teachers ensure that no child is left behind in the classroom due to an undiagnosed or untreated vision problem," said Kevin Alexander, O.D., Ph.D, president of the AOA. "With nearly 25 percent of school-age children suffering from vision problems, the AOA is proud to support visionary leaders like Congressmen Green and Pascrell in the effort to provide states with the resources – the federal dollars – they need to make children's vision and classroom learning a top priority."

Rep. Green

Sens. Kit Bond (R-MO) and Chris Dodd (D-CT) have introduced S 1117, the Senate companion bill to HR 507, which has been referred to the Committee on Health, Education, Labor, and Pensions.

HHS-OIG targeting E&M, 'selected physician services'

The Work Plan for Fiscal Year 2008, issued this month by U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG), calls for high profile crackdowns on durable medical equipment suppliers and long-term care providers.

However, the HHS-OIG is also planning a number of projects to scrutinize activities in the offices of health care practitioners who service patients under federal health programs.

The HHS-OIG oversees the U.S. Centers for Medicare and Medicaid Services (CMS) as well as the HHS's public health agencies, such as the U.S. Food and Drug Administration, Indian Health Services, and National Institutes of Health, and its human services programs, including federally funded child support and welfare programs, Head Start and the U.S. Agency on Aging.

The Medicare and Medicaid programs account for much of the office's activities.

The HHS-OIG's 2008 work plan outlines more than 170 specific projects. Among them are more than two dozen projects aimed at "health care practitioners and other health care providers."

Those projects include a new program to monitor "Medicare Payments for Selected Physician Services."

The inspector general's work plan does not specifically identify which physician services will be targeted. A project description simply notes that Medicare Part B must provide reimbursement according to a set fee schedule.

"We will review the appropriateness of Medicare payments for various types of physician services to determine whether these services were paid in accordance with Medicare requirements," the HHS-OIG work plan states. A report is due in 2009.

The HHS-OIG also plans to complete an ongoing study of Medicare evaluation and management (E&M) services provided under Medicare.

"We will review industry practices related to the number of evaluation and management services provided by physicians and reimbursed as part of the global surgery fee," the work plan states.

Under the global surgery fee concept, physicians bill a single fee for all of their services usually associated with a surgical procedure and related E&M services provided during the global surgery period.

The global surgery fee includes payment for a certain number of E&M services provided during the global surgery period.

"We will determine whether industry practices related to the number of E&M services provided during the global surgery period have changed since the global surgery fee concept was developed in 1992," according to the work plan.

Cataract comanagement services are often provided under the global surgical concept, the AOA Office of Counsel notes.

Other 2008 HHS-OIG projects centering on health care practitioners and other health care providers include reviews of:

- Medicare assignment rules to find out if providers are "balance billing" Medicare beneficiaries for amounts in excess of Medicare allowed payments.
- Medicare physician reassignment of benefits to determine the extent to which Medicare physicians may be signing over their payments to other entities.

Investigations in South Florida have revealed schemes in which fraudulent providers obtain identifying information about legitimate physicians and request reassignments on their behalf.

"Having a large number of reassignments may be indicative of fraudulent or abusive activity," the HHS-OIG work plan notes.

The HHS-OIG will examine a national sample of Medicare physicians to determine the extent to which they reassign their benefits to other entities and the extent to which the physicians are aware of reassignments requested on their behalf.

Physicians who provide services for Medicare beneficiaries are prohibited under federal law from reassigning their rights to Medicare payments to other entities under most circumstances, such as when contractual arrangements exist between the physicians and the entities that meet certain Medicare program integrity safeguards or when payments are being made to the physicians' employers.

- Place of service errors on Medicare claims, targeting service performed in ambulatory surgical centers (ASC) and hospital outpatient departments.

"Medicare pays a physician a higher amount when a service is performed in a non-facility setting, such as a physician's office, than it does when the service is performed in a hospital outpatient department or, with certain exceptions, in an ASC. We will determine whether physicians properly coded the places of service on claims for services provided in ASCs and hospital outpatient departments," the work plan states.

- "Long distance" physician claims, associated with home health agency (HHA) and skilled nursing facility (SNF) services, will be completed next year, the work plan indicates.

The HHS-OIG "will review the appropriateness of payments for physician services paid under Medicare Part B for beneficiaries either receiving care from Medicare HHAs or residing in SNFs while living significant distances from the physicians billing for services," the work plan states.

- "Incident to" services. Medicare Part B generally pays for services "incident to" a physician's professional service. Such services are typically performed by a non-physician staff member in the physician's office, the work plan notes. "We will examine the Medicare services that selected physicians bill 'incident to' their professional services and the qualifications and appropriateness of the staff who perform them. This study will review medical necessity, documentation, and quality of care for 'incident to' services," according to the work plan.

The review of long-distance physician claims and 'incident to' services are already under way. Other projects will be initiated during the HHS-OIG's 2008 fiscal year.

Except for the review of selected physician services, all of the above-mentioned reviews are scheduled to be completed in 2008.

Among the projects planned by the HHS-OIG to address Medicare issues outside of physician practices or in other HHS programs are studies on:

- Serious medical errors (known as "never events") with respect to incidence, facility response, and associated Medicare payments.
- The effectiveness of programs to ensure patient safety and avoid conflicts of interest in government funding research programs.
- Compliance with mandates for quality improvement programs in government-funded community health centers, and
- CMS efforts to promote the implementation and use of health information technology in physicians' offices through quality improvement organizations.

The complete HHS-OIG 2008 work plan can be accessed on the inspector general's Web site (*www.oig.hhs.gov/w-new.html*). For a variety of reasons, the HHS-OIG will not release further details on the work plan, according to the office's Oct. 1 daily e-mail news advisory.

Ophthalmologist sentenced for Medicare, tax fraud

An ophthalmologist has been ordered to pay over $1 million in restitution and a $50,000 fine after being convicted in a Washington, DC, court of health care fraud and filing a false tax return. He was also sentenced to serve18 months in prison and six months of home detention, according to the Office of the Inspector General of the U.S. Department of Health and Human Services (HHS-OIG).

The court in August found the ophthalmologist billed Medicare, other federal health care programs, and private insurers for services either not provided or not medically necessary.

In addition, the ophthalmologist paid personal expenses and salaries to his children and housekeeper with funds from his medical practice and falsely recorded those payments on corporate records as legitimate business expenses, according to the judgment.

He also took charitable deductions on his income tax returns for contributions he made to a non-profit organization that were used, in part, to pay for a family vacation, according to the HHS-OIG.

CMS: Some billing services not using providers' NPIs

Most health care providers now have National Provider Identifier (NPIs) numbers; however, some insurance claims clearinghouses and billing services apparently are not using them to file claims, according to the U.S. Centers for Medicare and Medicaid Services (CMS).

That could jeopardize Medicare payment to many practitioners in the near future, the CMS warns.

The problem was uncovered in the course of an ongoing provider telephone canvas, according to the CMS.

As part of efforts to fully implement the NPI, Medicare intermediaries, carriers, and administrative contracts have begun calling providers from whom they have been receiving claims without NPIs or with incorrect NPI information.

Based on information obtained from providers, the CMS found that:

- Some clearinghouses may be stripping the NPIs from claims prior to submission.
- Some may also be adding the NPI "back onto" remittance advice, so that providers are unaware that NPIs are being removed from claims prior to processing.
- Some billing services (or "key" shops) are not putting the NPI on the claim, contrary to provider instructions.
- Some clearinghouses are not forwarding to providers carrier NPI informational claim error messages designed to help the provider understand the problems Medicare is encountering in attempts to crosswalk the NPI to legacy identifiers.

"Medicare Contractors are turning on edits to begin validating the NPI/legacy pair against the Medicare NPI Crosswalk. If the pair on the claim is not found on the crosswalk, the claim will reject. Stripping the NPI submitted by a provider from the claim adversely affects Medicare provider incentive cash flow, payers that receive crossover claims, and the efforts of Medicare to fully implement NPI," the CMS warned in an Oct. 4 e-mail bulletin to billing services.

"Medicare would like to better understand the reasons behind this practice as well as the expected timeframe during which this will continue to occur," the agency added. The CMS is asking clearinghouse and billing services that have been failing to use NPIs when forwarding claims to discuss the problem with agency staff.

Optometrists and other health care practitioners may wish to contact their billing services to make certain that they are using NPIs on claims, the AOA Washington office advises.

If a billing service reports it has not been using NPIs properly, the practitioner may wish to request the billing service contact the CMS. The CMS is asking non-compliant billing services to contact agency staff Aryeh Langer at *Aryeh.langer@cms.hhs.gov* or Nicole Cooney at *Nicole.cooney@cms.hhs.gov.*

AOA to host top-level electronic health records seminar

With federal regulations changing quickly, and new technology moving even faster, it is vitally important for ODs to make informed decisions concerning electronic health records. To give ODs practical tools and hands-on experience, the AOA is hosting "Building the Paperless Practice: AOA's Electronic Health Records Seminar," Jan. 25-26 at the Gaylord Texan Resort Hotel in Grapevine, TX.

The agenda includes a briefing from the AOA's Washington office on what ODs need to know to comply with federal standards and how health information technology may affect future reimbursement. Other presentations will cover all aspects of implementing electronic health records (EHRs) in a practice, interoperability and security issues related to EHR products, and guidance on what to consider when investing in EHR and e-prescribing products, as shared by experienced optometrists who have already adopted health information technology.

In addition, at least five companies with different approaches to records management will be on hand to describe their systems and offer hands-on evaluation: Compulink, EMR Logic, Eye Code Right, First Insight, and OfficeMate.

Registration for this exclusive conference is limited, so save the date and make plans to attend now. Look for more details soon at *www.aoa.org*.

Matched NPIs, PINs required on Medicare claims

Effective Oct. 31, 2007, all Medicare carriers (and Medicare Administrative Contractors who service providers who formerly billed carriers) will be rejecting Medicare Part B claims if they are unable to "match" an NPI and a PIN combination submitted on a claim to an NPI/PIN combination in the Medicare NPI crosswalk, according to the U.S. Centers for Medicare and Medicaid Services (CMS).

The NPI/PIN combination may be used to identify the billing, pay-to, or rendering provider (the pay-to provider is identified only if it is different from the billing provider). This applies to claims that are submitted by corporations that physicians and non-physician practitioners have formed and to claims submitted by physicians and non-physician practitioners who bill Medicare directly.

In the event a claim is rejected, the health care provider should:

- Check the Medicare Reject Report messages.
- In the event the claim was filed by a billing company, clearinghouse or administrative staff; check to find out if they have been contacted by Medicare contractors concerning problems in matching NPI/PIN combinations to the Medicare NPI crosswalk.
- Check the provider information in the National Plan and Provider Enumerator System (NPPES) to ensure that the NPI(s) were properly obtained. (For example, if a provider is a sole proprietor, the provider should have an individual PIN and should have obtained an NPI as an "Individual" (Entity type 1), not as an "Organization" (Entity type 2).
- Ensure that the NPPES data are correct and that the NPPES record(s) contains the Medicare legacy identifier(s) that was assigned to the provider to whom the NPPES record belongs. (For example, a physician/practitioner applying for an NPI would list his/her Medicare PIN in the "Other Provider Identifiers" section of the NPI application, but would not list the PIN of the group in which he/she is a member.) Medicare uses this information in building the Medicare NPI crosswalk and incorrect reporting will flow into the NPI crosswalk and cause problems down the road. To view or edit NPPES record, go to *https://nppes.cms.hhs.gov* on the CMS Web site. For assistance, call the NPI Enumerator at (800) 465-3203.

In the event the NPI(s) was properly obtained and the NPPES information is correct but the provider continues to get informational NPI edits:

- The provider should ensure Medicare enrollment information is up to date.
- If the providers need to re-enroll or update the enrollment information, the providers should ensure that a complete application is submitted.
- The provider should also make sure that the Medicare enrollment record reflects the correct Taxpayer Identification Number (TIN) for use by Medicare in reporting income to the IRS on the 1099 form.

For more information, see the Special Edition Medicare Learning Network Matters article SE0744. The article can be accessed on the CMS Web site at: *www.cms.hhs.gov/MLNMattersArticles/downloads/SE0744.pdf*.

Medicare to offer physician quality data through local collaboratives by summer

The U.S. Department of Health and Human Services (HHS) plans to begin making Medicare physician performance information available to the public through a new network of local and regional health collaboratives within the next year, HHS Secretary Michael O. Leavitt said Sept. 28.

In line with the Bush Administration's Value-Driven Health Care Initiative, the Centers for Medicare and Medicaid Services (CMS) will begin providing data to "organizations that have been recognized as community leaders for value-driven health care" by the summer of 2008, according to the HHS (see *AOA News*, Sept. 17).

The "community leader" organizations will then be able to release the CMS physician performance information on a local or regional level, the HHS notes.

"The first public reporting of Medicare physician performance data through local health collaboratives will represent a landmark in the government's effort to transform the culture of American health care and establish a system of value-driven health care," said David Cockrell, O.D., AOA trustee. "We can now see that this event is just around the corner. Optometrists must act now to ensure their profession is represented in these collaboratives."

"We can now see that this event is just around the corner. Optometrists must act now to ensure their profession is represented in these collaboratives."

The HHS, over the past year, has been encouraging the formation of independent, not-for-profit community organizations to develop public reporting of health care quality and cost of care data at the state and local levels (see *AOA News*, March 12).

A variety of health care stakeholders, including health care provider groups, who work with health plans, employers, unions and other health care purchasers, are to be represented in each collaborative, according to the HHS.

So far, the HHS has formally recognized 84 community leader organizations around the nation.

Eventually, the community leader organizations will be able to apply for recognition as federally chartered "value exchanges," the HHS notes.

In addition to reporting health provider quality and value data to the public, value exchanges will actively work to improve health care in their respective areas by formally adopting nationally recognized sets of health care quality and performance measures, assessing the performance of local health care providers, and facilitating "eye-to-eye" meetings between health care providers and purchasers to encourage quality improvement, according to HHS statements.

Chartered value exchanges "will act as catalysts to bring together public- and private-sector physician measurement results to stimulate quality improvement and consumer choice in their communities," the HHS said.

"The CMS information can be combined with private sector information that has been generated under the same methodology to allow for a comprehensive, unified, and effective approach to physician quality measurements," the HHS said.

The physician performance information will be made available through the HHS's Agency for Healthcare Research and Quality, which is also developing the process by which the HHS will recognize collaboratives as value exchanges.

Health care providers are to be measured against nationally recognized standards adopted under a consensus process by the AQA (formerly known as the Ambulatory Care Quality Alliance) and endorsed by the National Quality Forum.

The planned health care quality reporting system will be facilitated by development of a national electronic health records system, to be known as the National Health Information Network, the HHS notes.

AOA-affiliated state optometric association or AOA member optometrists with information regarding the formation of value exchanges should contact AOA Associate Director of Government Relations Jodi Mitchell (*jcmitchell@aoa.org*) at the AOA Washington office.

Send letters to: Editor, AOA News
243 N. Lindbergh Blvd., St. Louis MO 63141
RAFoster@aoa.org
AOA News reserves the right to edit letters submitted for publication.

HHS contracts for nine trial health information networks

The U.S. Department of Health and Human Services (HHS) is beginning trial implementation of its Nationwide Health Information Network (NHIN).

HHS Secretary Mike Leavitt announced Oct. 5 the awarding of contracts totaling $22.5 million to nine health information exchanges (HIEs) around the country. The HHS is developing the network in an effort to make electronic health records (EHRs) available to all Americans and accessible to all health care providers by 2014.

It is a central element in an overall HHS effort for reform of the U.S. health care system (see *AOA News*, Sept. 17).

In addition to making patient records instantly available whenever or wherever they may be needed, the national EHR network will support development of health care quality reporting and improvement programs, pay-for-performance systems, and a system of regional "value exchanges" through which health care providers and purchasers will interact, according to the HHS.

The awarding of contracts for regional trial EHR networks marks a "major step toward secure and portable health information for American consumers and clinicians," according to an HHS statement. "These contracts will create a secure foundation for basic health information exchange between select HIEs upon which more complex functions will be possible over time."

It also means the time has come for optometrists and other health care providers to begin thinking seriously about the implementation of electronic health records in their offices and how the establishing of a national system of portable electronic health records will impact care, according to Col. Francis L. McVeigh, II, O.D., chair of the AOA Health Information Technology and Telemedicine Project Team (HITTPT).

All of the contractors taking part in the trial projects are established broad-based HIEs, according to the HHS. "These trial implementations are taking place in communities across America that are leading the way to health care transformation using secure, interoperable health information technology," Leavitt said.

HEIs are networks that securely connect electronic health records for providers and patients. Eventually, the NHIN will constitute a "network of networks" that will link HEIs around the nation.

Together, the contractors will comprise the NHIN Cooperative — a collaborative to test and demonstrate the exchange of private and secure health information among providers, patients and other health care stakeholders, according to the HHS.

The HHS's Centers for Disease Control and Prevention are expected to announce contract awards in December 2007 that will complement these efforts to further develop the NHIN.

This joint work will ensure that health information exchanges using the NHIN infrastructure can support the community-based activities of public health agencies.

Interim NHIN results will be shared through three public forums and other public demonstrations of real-time information exchange at the end of the first contract year (September 2008).

Once created, the NHIN health information exchanges' specifications and related testing materials will be placed in the public domain to facilitate widespread participation in developing the NHIN.

The NHIN trial implementations will leverage recent accomplishments of the HHS and a variety of contractors and partners that have been working on the development of health information technology including the Healthcare Information Technology Standards Panel (HITSP), the Certification Commission for Healthcare Information Technology (CCHIT), the Health Information Security and Privacy Collaboration (HISPC) and the National Committee on Vital and Health Statistics (NCVHS).

Contracts for NHIN trial projects were awarded to:

- CareSpark — Tri-cities region of eastern Tennessee and southwestern Virginia
- Delaware Health Information Network — Delaware
- Indiana University — Indianapolis metroplex
- Long Beach Network for Health — Long Beach and Los Angeles, CA
- Lovelace Clinic Foundation
- New Mexico
- MedVirginia — Central Virginia
- New York eHealth Collaborative — New York
- North Carolina Healthcare Information and Communications Alliance, Inc. — North Carolina
- West Virginia Health Information Network — West Virginia

Preparing optometrists

AOA President Kevin L. Alexander, O.D., Ph.D., has made optometry's transition to health information technology (HIT) and value-oriented health care a top priority.

The AOA Health Information Technology and Telemedicine Project Team (HITTPT), overseen jointly by the AOA Advocacy Group and the AOA Clinical Care Group, was established last year specifically to address HIT issues and provide guidance to members on the adoption and implementation of Electronic Health Records (EHR) and e-Prescribing in the optometric practice.

The AOA HITTPT is developing Web pages, articles and other materials to assist AOA members in understanding HIT and implementing it in their practices.

The project team is also working with the AOA Industry Relations Committee to organize a national optometric seminar on the implementation of EHR technology in optometric practice (see related article, page 7), said Col. Francis L. McVeigh, II, O.D., chair of the project team.

"Time to get serious about electronic health records," an article by Dr. McVeigh detailing the development of the National Health Information Network (NHIN), will appear in the January edition of *Optometry: Journal of the American Optometric Association*.

The article appears as part of an ongoing series on EHRs in the journal's "Practice Strategies" section.

A peer-reviewed article on the "Efficiency of Automation and Electronic Health Records in Optometric Practice," co-authored by Dr. McVeigh and Aaron K. Tarbett, O.D., also appears in that issue.

The AOA Web site offers a Regional Health Information Organization page with information on HIT (*www.aoa.org/x6529.xml*).

For additional information on the AOA's HIT projects, contact AOA-HITTPT staff person Jodi Mitchell (*jcmitchell@aoa.org*).

Details on the new NHIN pilot projects can be found on the HHS Web site Health IT page (*www.hhs.gov/healthit*).

VSP funds InfantSEE® grant, ads getting results

The InfantSEE® program is seeing positive results following "test" advertising placements in *Parents* magazine and on Babyzone.com.

Hits on the InfantSEE® Web site increased more than 50 percent and InfantSEE® visits increased more than 30 percent since the advertising campaign began.

The advertising was provided by a generous in-kind grant from VSP.

VSP spent $85,000 on three ads in *Parents* magazine and $47,000 in banner ads on Babyzone.com.

VSP also sponsored an e-mail blast informing readers of the InfantSEE® placement in *Parents* magazine.

"Giving back to the community is at the heart of VSP's mission," said Patricia Cochran, VSP chief financial officer. "The InfantSEE® program is a great way for us to continue to get the word out about the importance of comprehensive eye exams, especially for infants between the ages of 6 to 12 months."

The InfantSEE® program also appeared in the "Need to Know" section of Parents in the July and September issues.

The advertising in *Parents* magazine ran in the July, September, and November issues. The November issue is currently available at newsstands.

The Babyzone.com advertising started in May and will continue through November.

The number of InfantSEE® Clinical Assessment forms returned to the AOA was up 31 percent from June through August this year when compared to 2006.

Many of the forms note the magazine ad as the reason parents brought their babies in for the office visit.

Schoolkids,

from page 1

glaucoma evaluation, as well as any other tests or observations that in the professional judgment of the doctor are necessary."

Proof of the required eye examination must be submitted by Oct. 15 of each school year. Additional vision examinations at various grade levels may be required when deemed necessary by school authorities.

"Comprehensive eye exams are the best way to diagnose eye and vision problems in children early, before they interfere with a child's ability to learn," said Gregg Eubanks, O.D., immediate past president of the Illinois Optometric Association (IOA). "The IOA is proud to support true leaders like Senators Deanna Demuzio and Jacqueline Collins (D) and the Illinois Federation of Teachers in the effort to make children's vision and classroom learning a top priority. Thanks to the General Assembly's leadership, Illinois now leads the nation with the best eye health care requirements for children."

Illinois joins Kentucky and Missouri as the third state to require eye exams for children entering public school.

Since the Kentucky law requiring eye exams was enacted seven years ago, 13 percent of Kentucky children have been identified as needing corrective lenses, 3.4 percent have been diagnosed with amblyopia, and 2.3 percent have been diagnosed with strabismus.

"Vision disorders are considered the fourth most common disability in the United States, though many vision problems in children are preventable or treatable if caught early on," said Peter H. Kehoe, O.D., AOA president-elect, who practices in Galesburg, IL. "With nearly 25 percent of school-age children suffering from vision problems, this law is necessary to help detect problems and treat and prevent diseases that can cause vision loss."

Comprehensive eye examinations are a cost-effective investment in Illinois' children.

Approximately 70 percent of children are insured for comprehensive eye exams through private insurance, Medicaid, the State Children's Health Insurance Program (SCHIP) or other state or federal programs.

Optometrists, ophthalmologists and local charitable organizations have provided ongoing assistance for families in need who are not covered by any insurance program.

Doctors encourage parents to take their children at any time within the next year for a comprehensive eye exam to ensure they meet the necessary requirements in time for the beginning of the next school year.

"It is a great day for the children of Illinois who will no longer have to fail...to see," said Michael Horstman, IOA executive director.

"Working with the Illinois Federation of Teachers as the spearhead and with the support of our membership, the leadership of our legislative committee, and hard work of too many to mention, we were able to accomplish a goal that has been discussed for over 50 years," he said.

Commission on vision and health nominations sought

Nominations are now being sought for the AOA's new National Commission on Vision and Health.

The commission's mission is to improve the nation's visual health by collaborating with experts in science and health policy to ensure informed analysis and policy recommendations in order to prevent blindness, improve vision function and eliminate vision health disparities.

Its goal is to assure that the role of optometry and vision care is integrated into public health programs at the national, state and local levels.

The commission will provide authoritative information and advice concerning health policy to decision-makers, health professionals, and the public at large.

Its work will be shared in consensus reports of expert study committees; symposia and convocations engaging multiple stakeholders in debates of national issues; proceedings from conferences and workshops; and "white papers" on policy issues of special interest.

The commission will be composed of nine members who are appointed by the president of the AOA with the advice and consent of the Board of Trustees. There will be three optometrists and six non-optometrists who represent the broadest array of stakeholders and expertise in health care.

The nomination deadline is Nov. 2. All nominations must be submitted on an approved nomination form.

For additional information or a nomination form, contact commission staff person John Whitener, O.D., M.P.H., at *JCWhitenerod@aoa.org*.

Paraoptometric section seeking article submissions

The AOA Paraoptometric Section Online Continuing Education Committee (CEC) is requesting article submissions from authors.

The Paraoptometric Section (PS) offers six free continuing education articles each year and encourages all members to consider submitting articles for the program.

The CEC will provide guidance on the writing and submission process.

Article topics may include practice management, contact lenses, glaucoma, or anything relating to paraoptometry.

Articles can be designed for basic, intermediate and advanced levels of knowledge in order to cover different levels of education and practical experience.

Authors selected for publication will receive three CE credits for each one-hour CE article.

For more information on guidelines for authors, contact Joan Murphy, PS manager, at *JVMurphy@aoa.org* or call (800) 365-2219, ext. 4222.

SCO honors Jones, Buck for leadership

The Southern College of Optometry (SCO) honored AOA Executive Director Michael Jones, O.D., and former AOA Trustee J. Wayne Buck, O.D., with Lifetime Achievement Awards. The college also named Robin J. Drescher, O.D., as interim director for Academic Affairs.

The Lifetime Achievement Award honors alumni who have shown extraordinary leadership skills and who have made lasting contributions to the profession of optometry and SCO. The award is the highest honor bestowed by the college upon its alumni.

Dr. Jones graduated from SCO in 1971 and practiced in East Tennessee in addition to serving in all offices of the AOA, the Tennessee Optometric Association (TOA), and the Hiwassee Optometric Society and on the Board of Trustees for the Southern Council of Optometrists.

Dr. Jones has served as executive director of the AOA for nearly 10 years.

He was named the TOA's OD of the Year in 1991 and received the Distinguished Service Award in 1992.

The following year, he earned the Southern Council of Optometrists' OD of the South Award, and in 1999, he received the American Optometric Student Association's Dr. Raymond L. Myers Award.

Dr. Jones served as adjunct faculty for SCO from 1985 to 1998, the year he received the college's Doctor of Ocular Science degree.

Dr. Buck graduated from SCO in 1978 and practices in Crossett, AR. In 1989, Dr. Buck served as president of the Arkansas Optometric Association (ArOA). In addition to other honors from the ArOA, he received the Special Service Award in 1995 and the Distinguished Service Award in 1996. He was named the ArOA Optometrist of the Year in 1998.

In 1993, Dr. Buck served as president of Southwest Council of Optometry. From 2002 to 2007, Dr. Buck served on the AOA Board of Trustees.

Drescher named interim director

SCO named Dr. Drescher the interim director for Academic Affairs.

Dr. Drescher joined the SCO faculty as an associate professor. He has also served as chair of the SCO Department of Optometric Education. Dr. Drescher was recently honored by his fellow faculty members as this year's recipient of the Drs. Charlene and Fred Burnett Outstanding Faculty Award. He also received the "Teacher of the Year" award from three different groups of SCO students during the college's 2007 Convocation program.

SCO is launching a formal search to fill the permanent position of vice president for Academic Affairs. Interested persons may apply by sending applications in care of the President's Office, Southern College of Optometry, 1245 Madison Avenue; Memphis, TN 38104.

AOAAdvantage forced to go on hiatus

Due to new government regulations, the AOA suspended its AOAAdvantage/ AOAAdvantage PLUS Loan programs as of Oct. 1.

Changes in the programs are necessary under the *College Cost Reduction Act of 2007* (H.R. 2669), signed by President George Bush on Sept. 27.

The changes forced the loan benefit programs to be placed on hold while the AOA investigates options for new benefit programs. They were authorized under Title IV of the *Higher Education of Act of 1965,* as amended, as well as newly proposed regulations from the U.S. Department of Education.

The AOA will honor the current borrower benefit programs on fully completed applications received by Sept. 30, 2007 (for loans that were funded or disbursed prior to, or shortly after, Sept. 30, 2007).

The AOA is actively discussing new benefit programs with the Student Assistance Foundation (SAF), which developed the AOAAdvantage/ AOAAdvantage PLUS Loan Programs.

The SAF said it intended to offer the most competitive loan programs possible under this new legislation.

For more information, visit the SAF Web site (*www.safmt.org*) or call (800) 852-2761, ext. 6657.

AOA offering free contract analysis

An AOA pilot program offering a Contract Analysis Service as a free member benefit is now available.

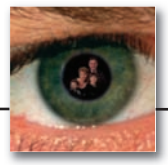
A licensed attorney with expertise in contracts in the AOA Office of Counsel will review unsigned managed care plan contracts and unsigned employment contracts with commercial employers.

Managed care contracts include any insurance or similar arrangement contracted between an AOA member as a provider and any managed care or insurance entity.

Members will get a free, paragraph-by-paragraph analysis of the contract, providing information that can help make an informed decision.

Send an e-mail to *ContractReview@aoa.org* to request details and an analysis request form.

The form can be faxed to (314) 983-7306 or filled out online at *www.aoa.org/contractanalysis.xml*.



Kit helps ODs convey disease findings to patients

The AOA, with an educational grant from Optos®, created the Eye Disease Management Campaign to encourage its members take an active role in presenting comprehensive information about disease states at the time of diagnosis or when risk factors are identified.

The moment a patient receives an eye disease diagnosis can be a startling, confusing, and scary one, particularly when vision loss is possible—or inevitable.

Patients handle this type of news differently, but for many, having information at their fingertips can help them make sense of what they've just heard.

The conversation optometrists have with patients at the time of diagnosis is critical to understanding their disease, what they can expect moving forward, and their level of compliance once treatment begins.

The in-office resource—a "ready-referral"—is designed to help members facilitate conversations with patients who are diagnosed with diabetic retinopathy, age-related macular degeneration, or glaucoma in the exam room.

The kit contains brief descriptions of the three diseases with accompanying clinical photos and an eye diagram.

Two-sided patient information sheets (one for each disease) are padded in quantities of 50 for easy distribution.

A matching set of the patient information sheets is laminated for convenient in-office reference.

These materials are enclosed in a small folder that remains in the exam room and can be repeatedly accessed.

A supply of Vision Simulator Cards demonstrates the effects of each disease on a patient's vision.

A laminated card detailing patient testimonials about how comprehensive eye exams helped detect eye disease is included for optometrists who use the optomap® Retinal Exam during comprehensive eye exams.

Two resources are included to promote care of patients with age-related eye diseases in the community:

- A customizable news release that can be sent to local newspapers, radio and television stations;
- A template letter that can be sent to patients' primary care physicians at the time of diagnosis or when risk factors are identified.

The kits are available free of charge while supplies last.

To order a kit, e-mail *publicrelations@aoa.org*.

For more information, contact Julie Mahoney, AOA PR specialist, at (800) 365-2219, ext. 4176.

Diabetes form facilitates comanagement

The AOA updated its Diabetic Eye Examination Report form with the help of Ohio Optometric Association members who participated in a pilot program.

The program evaluated the forms used for optometrists to communicate with their diabetic patients' comanaging physicians and created a revised reporting form that could be implemented into clinical practice.

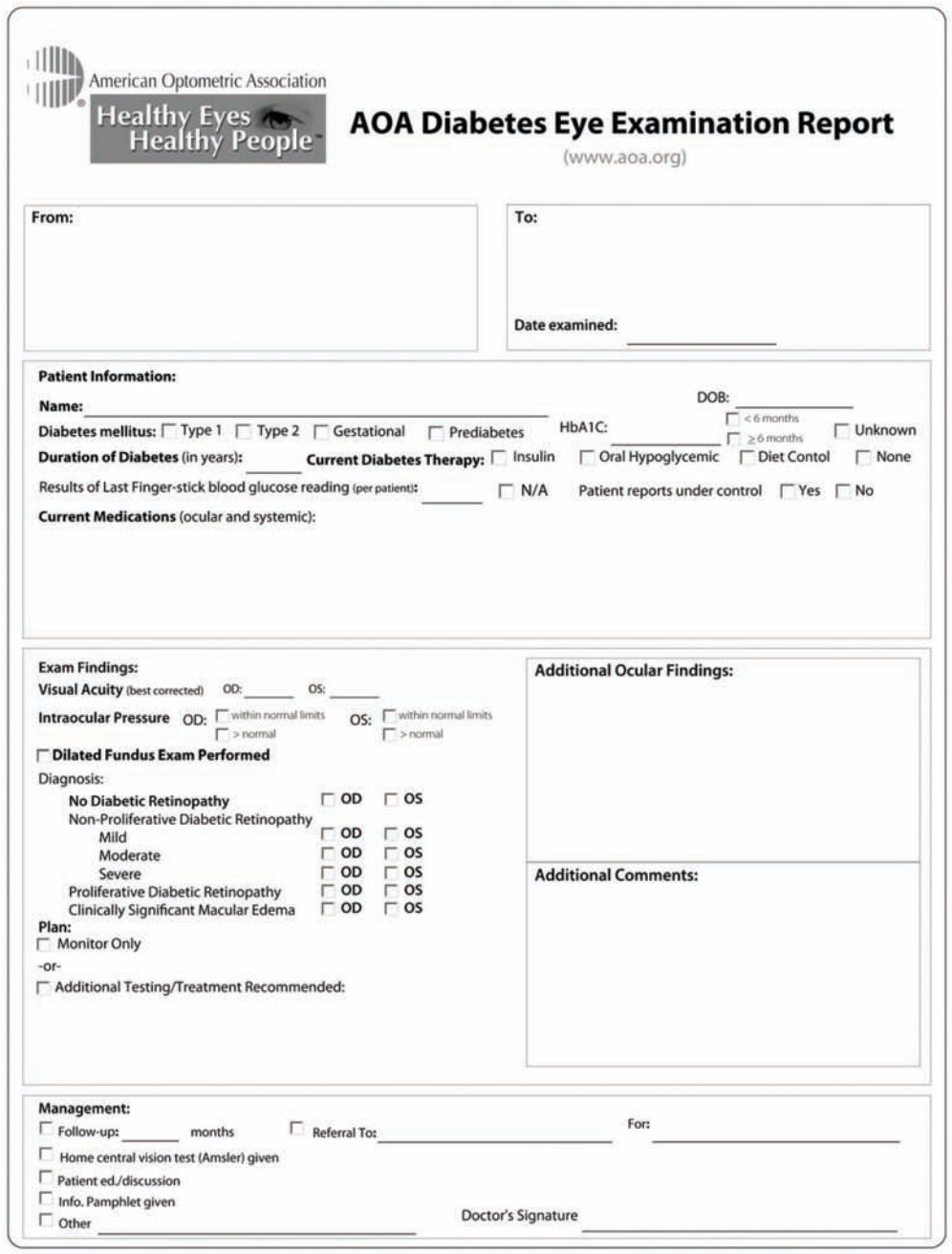
The pilot program was developed and field-tested by Kelly Nichols, O.D., Ph.D., MPH, and Sylvia Jones, O.D., of The Ohio State University College of Optometry and was based on survey responses from 51 optometrists and 75 comanaging physicians for the design of the new reporting form.

The program was funded from grants from the AOA Healthy Eyes Healthy People™ program and the National Eye Institute's Healthy Vision 2010 Community Awards Program.

Details of the pilot program and the report revision will be featured in an article in the November issue of *Optometry: Journal of the American Optometric Association.*

The revised Diabetic Eye Examination Report form is at *http://www.aoa.org/x8533.xml.*

A triplicate version (one copy each for the patient, comanaging physician, and the optometrist) is available through the AOA Order Department. To order, call (800) 262-2210 or fax (314) 991-4101.



American Optometric Association
Healthy Eyes Healthy People™

AOA Diabetes Eye Examination Report
(www.aoa.org)

From:

To:

Date examined: _____

Patient Information:

Name: _____ DOB: _____

Diabetes mellitus: ☐ Type 1 ☐ Type 2 ☐ Gestational ☐ Prediabetes HbA1C: _____ ☐ < 6 months ☐ ≥ 6 months ☐ Unknown

Duration of Diabetes (in years): _____ Current Diabetes Therapy: ☐ Insulin ☐ Oral Hypoglycemic ☐ Diet Contol ☐ None

Results of Last Finger-stick blood glucose reading (per patient): _____ ☐ N/A Patient reports under control ☐ Yes ☐ No

Current Medications (ocular and systemic):

Exam Findings:

Visual Acuity (best corrected) OD: _____ OS: _____

Intraocular Pressure OD: ☐ within normal limits ☐ > normal OS: ☐ within normal limits ☐ > normal

☐ Dilated Fundus Exam Performed

Diagnosis:

No Diabetic Retinopathy	☐ OD	☐ OS
Non-Proliferative Diabetic Retinopathy		
Mild	☐ OD	☐ OS
Moderate	☐ OD	☐ OS
Severe	☐ OD	☐ OS
Proliferative Diabetic Retinopathy	☐ OD	☐ OS
Clinically Significant Macular Edema	☐ OD	☐ OS

Plan:
☐ Monitor Only
-or-
☐ Additional Testing/Treatment Recommended:

Additional Ocular Findings:

Additional Comments:

Management:
☐ Follow-up: _____ months ☐ Referral To: _____ For: _____
☐ Home central vision test (Amsler) given
☐ Patient ed./discussion
☐ Info. Pamphlet given
☐ Other _____ Doctor's Signature _____

© This form was developed by the Ohio Optometric Association and The Ohio State University College of Optometry through support from the NIH Healthy Vision 2010 Awards Program and an AOA Healthy Eyes Healthy People Grant.

Advanced Medical Optics

Alcon

Allergan

Bausch & Lomb

CIBA Vision Corporation

CooperVision

Essilor of America

HOYA Vision Care

Liberty Sport

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Marchon Eyewear

Optos

Signet Armorlite

TLC Vision Corporation

Transitions Optical

Vision Service Plan

VisionWeb

Vistakon, division of Johnson & Johnson Vision Care

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: Vision Service Plan

VSP Mobile Eyes: Vision Care Hits the Road

New Orleans' Dr. Jarrett Johnson lost her practice to Hurricane Katrina but she didn't lose her commitment to community service or to providing the best in eye care.

After the storm, she became a key member of Vision Service Plan's relief efforts, helping to coordinate optometric care to nearly 10,000 people affected by the disaster.

Describing her decision to return to New Orleans, she said, "I've always lived my life by giving to the community, and this was the perfect way to continue my public service and still feel connected to the people I knew." Inspired by the passion and commitment of Dr. Johnson and many VSP doctors along the Gulf Coast, VSP created a mobile clinic to be ready should disaster strike again.

When not called to emergency service, the clinics will travel the country providing outreach to the uninsured and underserved populations.

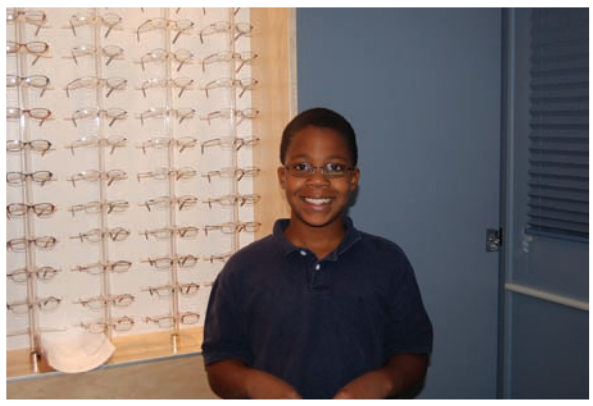
Hitting the road in July, the first Mobile Eyes Clinic has already traveled from the Midwest to California and back!

The clinic recently traveled through St. Louis, stopping at the Matthews-Dickey Boys & Girls Club to provide eye exams and eye education to students from the City Academy.

Said VSP doctor Frank Fontana, O.D., "The event was amazing. The kids were so appreciative and excited to get glasses and learn more about their vision. This is a great way for doctors to give back to the community."

VSP's Mobile Eyes program includes two 40-foot mobile clinics (the second clinic is scheduled to roll out in April 2008) and 10 lanes of portable ophthalmic equipment.

For more information about the Mobile Eyes Clinic program, visit *www.vspevents.com*.



A St. Louis student enthusiastically picks out new glasses in the Mobile Eyes dispensary.

Essilor to offer Definity lens in Trivex

Essilor of America and PPG Industries, Inc. announced the availability of Definity™ progressive lenses in Trivex® material.

The new Definity lenses with Trivex material offer an ideal combination for patients – particularly those leading active lifestyles – by blending the optical, safety and comfort benefits of Trivex material with the strengths of Essilor's Definity progressive lens design and Dual Add® Technology.

This marks the first time Essilor has offered Trivex as a lens material option in one of its designs.

"At Essilor, we consistently provide our customers with the very best lens options to prescribe for their patients," said Carl Bracy, Essilor vice president of marketing. "By partnering with PPG to bring the Trivex material to Definity progressive lenses, we are adding yet another exceptional line of lenses."

Definity uses the Dual Add Technology to provide the widest intermediate vision and the least amount of unwanted peripheral distortion and astigmatism in a progressive design. The Dual Add Technology also allows for a smoother transition between all distances.

Definity also features Ground View Advantage™, which minimizes distortion and flattens the field of vision, providing clearer vision when looking down.

"Definity lenses have been specifically designed for superior optical performance, so it makes sense for them to be offered in Trivex material, which complements this quality, while providing the added benefits of safety and comfort that are desired for today's patients," said Christine Camsuzou, general manager of optical materials, PPG Industries, Inc. "We share Essilor's belief that all consumers – including presbyopes – should have the best when it comes to their vision, and are pleased to combine our expertise to make this exciting new lens option available."

Trivex material offers impact resistance and automatic UV protection.

These features, paired with a more natural field of vision resulting from Definity's Ground View Advantage™, offer an ideal lens option for presbyopes with busy, active lifestyles.

Trivex material is ideal for rimless frames because the material is less sensitive to heat during drilling than other lens materials so holes are drilled cleanly with no distortion, melting or fracturing, according to PPG.

Due to the durability of Trivex material, the lens holes also retain their size and shape over time with normal wear.

For more information, visit *www.essilorusa.com* or *www.ppg.com*.

Vision-Ease to produce Coppertone-branded sun lenses

Vision-Ease Lens announced a partnership with Schering-Plough HealthCare Products, Inc., to license the company's Coppertone® brand for a line of polarized sun lenses.

With sun safety a growing concern for consumers, the companies aim to offer a fashionable and functional product for vision protection from the sun.

Through the agreement, Vision-Ease Lens will manufacture Coppertone-branded lenses featuring its patented polarized film technology.

"Coppertone is best known for its commitment to superior sun protection," said Michael Ness, vice president of sales and marketing, Vision-Ease Lens. "With the trust of the Coppertone name, we will be able to help educate consumers about polarized sun lenses and relay the message that sun protection for your eyes is just as important as sun protection for your skin," said Ness.

Coppertone prescription lenses will be available in single vision, bifocals and Illumina progressive lenses to meet the needs of a wide variety of patients.

Not only do Coppertone polarized lenses block 100 percent of harmful ultraviolet (UV) light and eliminate 97 percent of reflected glare, they also guard against high-energy visible (HEV) light.

Exposure to HEV light may contribute to the development of macular degeneration. "This extension of the Coppertone brand is quite logical since the key benefit of Coppertone sunscreen is protection from sun damage," said Ness.

"Our partnership with Schering-Plough HealthCare Products, Inc., boosts both of our offerings to collaboratively protect consumers from the sun," he said.

The Skin Cancer Foundation recommends the Coppertone lenses as an effective UV filter for the eyes and surrounding skin.

In addition, the lenses meet AOA specifications for blockage of UVA and UVB rays and have been awarded the AOA Seal of Acceptance for UV Absorbers/ Blockers.

Coppertone prescription lenses will be available in single vision, bifocals and Illumina progressive lenses to meet the needs of a wide variety of consumers.

For more information about Vision-Ease Lens and its products, visit *www.vision-ease.com.*

Transitions expands on 'telling the best story'

Transitions Optical announced the expansion of its "Telling the Best Story" lecture course with a new, two-part skills workshop and comprehensive quick study module.

Transitions created this education series to help practitioners improve their clinical, managerial and marketing skills in order to "tell the best story" and demonstrate their value in the eyes of their patients.

The services will address trends in the eye care industry such as increasing health care costs, fierce competition, and the ever-expanding roles of optometrists.

"We know that our profession has a great story to tell," said Carole Bratteig, manager, education and training, Transitions. "By using several points of patient contact, eye care professionals can learn how to tell their best story. 'Telling the Best Story' uses tips from top eye care practices to show how to connect with patients more meaningfully and maintain a successful business."

The first part of the skills workshop looks at three key areas of management that can help optometrists establish themselves as a preferred provider of choice – patient care, marketing and organization.

The second part of the workshop offers advice on establishing benchmarks to measure financial progress and performance, setting goals and increasing patient satisfaction.

The existing COPE and ABO-approved lecture and new skills workshop, designed for presentation in-office, were authored by Tim Fortner, trade development manager, Transitions.

"'Telling the Best Story' provides eye care professionals with tools that can impact their bottom line immediately," said Fortner. "It can be surprising to discover that doing small things like welcoming patients by name, collecting patient history and data, and providing fun, useful facts about vision can make a huge difference in terms of patient satisfaction."

The course shares common-sense strategies to assist practitioners in building special connections with their patients and improving the financial success of their practices.

The quick review module covers similar material and is available as part of Transitions' STAR Lab Learn & Earn program.

Through the program, Transitions teams with its STAR Lab partners to provide education resources to practitioners and rewards both the lab representatives who offer the courses and the eye care professionals who take them.

Practitioners who review the quick study modules can complete a quiz to earn a chance for a quarterly cash prize drawing, while lab representatives who deliver the course earn a chance for quarterly cash prizes and the grand prize of a V.I.P. trip to the 2008 Transitions Academy.

For more information about the skills workshop, or to participate in the Transitions Learn & Earn program, contact a Transitions Optical Solutions Team or STAR Lab representative or call Transitions Customer Service at (800) 848-1506.

Rimless gets bold with Titan Edge

Silhouette's new avant-garde collection, Titan Edge, is set for release in November. The most distinct characteristic of the frame is its striking, planed temple design. The screwless hinge is discreetly incorporated into the modernistic sensibility of the design.

With its premium materials and screwless construction, the model is lightweight and flexible. Fittings remain as easy as ever with the adjustable EmPad™ nose pads and titanium inserts at the temple.

For more information, visit *www.silhouette.com.*

MEETINGS

November

CONNECTICUT ASSOCIATION OF OPTOMETRISTS
2007 EDUCATIONAL CONFERENCE Nov.10-11,
Mystic Marriott Hotel & Spa
Debra Toupence 860/529-1900
dtoupence@cteyes.org
www.cteyes.org

OPTOMETRIC EXTENSION PROGRAM
HEART OF AMERICA OPTOMETRIC EXTENSION PROGRAM (OEP)
November 10-11, 2007
Wyndham Garden Hotel, Overland Park, Kansas Jane Philbrook, O.D.
913-299-3548

CALIFORNIA OPTOMETRIC ASSOCIATION
MONTEREY SYMPOSIUM 2007
Nov. 16-18, 2007
Monterey Conference Center and Monterey Marriott in Monterey, CA
800/877-5738, ext. 228
tamalon@coavision.org
www.montereysymposium.com

2007 FLORIDA OPTOMETRIC ASSOCIATION EYE SYMPOSIUM
Nov. 17-18, 2007
Sheraton Ft. Lauderdale, FL
Kellie Webb, Kellie@floridaeyes.org
800-399-2334
www.floridaeyes.org

PENNSYLVANIA OPTOMETRIC ASSOCIATION COMPREHENSIVE GLAUCOMA UPDATE & CLINICAL CARE AND CODING
Nov. 18, 2007 Hershey Lodge and Convention Center, Ilene Sauertieg
717/233-6455 Ilene@poaeyes.org
www.poaeyes.org

OPTOMETRIC EXTENSION PROGRAM
VT/STRABISMUS & AMBLYOPIA (OEP CLINICAL CURRICULUM)
Nov. 29-Dec. 2, 2007
Grand Rapids, Michigan
Theresa Krejci, 800 447 0370
www.babousa.org

MAINE OPTOMETRIC ASSOCIATION DECEMBER "ANNUAL" CONFERENCE
Nov. 30-Dec. 2, 2007, Hilton Garden Inn, Freeport Hotel, Freeport, ME Joann Gagne
207/626-9920
moa.office@maineeyedoctors.com
www.maineeyedoctors.com

SOUTHERN CALIFORNIA COLLEGE OF OPTOMETRY GLAUCOMA CERTIFICATION PROGRAM
Nov. 30-Dec. 2, 2007
Fullerton, California
Susan Atkinson, 714/449-7495
satkinson@scco.edu, www.scco.edu

December

MARYLAND OPTOMETRIC ASSOCIATION ANNUAL FALL CONVENTION AND CONTINUING EDUCATION SEMINAR, Dec. 1-2, 2007
Baltimore Hyatt Regency, Baltimore, Maryland Kristen Shoemaker
410/727-7800; 410/727-1801
FAX: 410/752-8295
moa@assnhqtrs.com
www.marylandeyes.com

NEW ENGLAND PROFESSIONAL CONFERENCES NATIONAL CORNEA AND ANTERIOR SEGMENT SOCIETY REGIONAL MEETING Dec. 2, 2007
Holiday Inn, Marlborough, Massachusetts, Janet Swartz
978/470-3500 or 877-825-2020
FAX: 978/470-4520
nepc@comcast.net
www.neconferences.com

UM-ST. LOUIS COLLEGE OF OPTOMETRY
BRAIN VISION AND LEARNING CONFERENCE
December 5, 2007
314/516-5655
www.umsl.edu/~conted/bvlc

PCOS/WJOS
Dec. 2 Sunday Seminar
Holiday Inn, Philadelphia, Pennsylvania, Dr. Mark Margolies
215/946-1221
FAX: 856/783-6611
emelman@gmail.com
www.camdeneye.com/about_us/continued_edu.htm

January

MISSOURI OPTOMETRIC ASSOCIATION
LEGISLATIVE CONFERENCE
January 6-7, 2008
Jefferson City, Missouri
Joyce Baker 573/635-6151
info@moeyecare.org

BRONSTEIN CONTACT LENS SEMINAR ARIZONA OPTOMETRIC ASSOCIATION January 11-13,
Chaparral Suites Hotel, Scottsdale,
602/279-0055

THE ULTIMATE PRACTICE MANAGEMENT CONFERENCE IV: SUCCESS, NOT JUST SURVIVAL!
January 11-13, 2008
Hollywood Beach Marriott, Hollywood, FL Don Teig, O.D.,
203-438-5855
doc7ct@snet.net
www.ultimateeventsllc.com

UNIVERSITY OF CALIFORNIA, BERKELEY, SCHOOL OF OPTOMETRY 19TH ANNUAL BERKELEY PRACTICUM
January 12-14, 2008
DoubleTree Hotel, Berkeley Marina, Nyla Marnay
510/642-6547 or
800/827-2163
FAX: 510/642-0279
optoce@berkeley.edu
www.optometry.berkeley.edu

SUNY, COLLEGE OF OPTOMETRY NEW YORK GLAUCOMA SYMPOSIUM
January 20, 2008
LaGuardia Marriott, Queens, NY
Matthew Platarote
212/938-5830
FAX: 212/938-5831
mplatarote@sunyopt.edu
www.sunyopt.edu

6TH ANNUAL HEALTHY EYES HEALTHY PEOPLE™ (HEHP) CONFERENCE
Jan. 31 and Feb. 1, 2008,
Hyatt Regency Hotel at Union Station, St. Louis, Registration forms and the preliminary program will be mailed in November.
John C. Whitener, OD,
(800) 365-2219 X 4284
JCWhitener-OD@aoa.org

MINNESOTA OPTOMETRIC ASSOCIATION
ANNUAL MEETING
January 31-February 2, 2008
Hyatt Regency Minneapolis, Minneapolis, MN
Jessica E. Miller
952/841-1122
FAX: 952/921-5801
Jessica@mneyedocs.org
www.minnesotaoptometrists.org

February

HEART OF AMERICA CONTACT LENS AND PRIMARY CARE CONGRESS
February 15-17, 2008
Hyatt Regency Crown Center Hotel, Kansas City, Missouri
www.hoacls.org

OREGON OPTOMETRIC PHYSICIANS ASSOCIATION/ OPTOMETRIC PHYSICIANS OF WASHINGTON COLUMBIA OPTOMETRY CONFERENCE
Feb. 15-17, 2008
Vancouver Hilton, Vancouver, Washington Judy Balzer
425/455-0874
FAX: 425/646-9646
opw@eyes.org

DELAWARE OPTOMETRIC ASSOCIATION
WINTER THAW CONTINUING EDUCATION EVENT
February 16, 2008
Embassy Suites, Newark, Delaware
Troy Raber, O.D.
302/346-1470
traberod@aol.com

SUNY, COLLEGE OF OPTOMETRY SKIVISION 2008
February 16-20, 2008
Snow Mass, CO, 800/868-4888
www.skivision.com

PRESIDENT'S WEEK 2008
February 16-23, or February 17-24,
Sunset Jamaica Grande Resort & Spa, Ocho Rios, Jamaica

BIG SKY 2008 SKI CONFERENCE
Montana Optometric Association
February 28-March 1, 2008
Big Sky Ski Resort, Big Sky, Montana
Sue A. Weingartner
406/443-1160
FAX: 406/443-4614
suew@mteyes.com
www.mteyes.com

MAINE OPTOMETRIC ASSOCIATION
March "CE & SKI" Conference
February 29-March 1, 2008,
Grand Summit Hotel - Sugarloaf, Carrabassett Valley, ME
Joann Gagne, 207/626-9920
moa.office@maineeyedoctors.com
www.maineeyedoctors.com

March

22ND ANNUAL EYE SKI CONFERENCE
March 2-8, 2008
Park City, Utah
Tim Kime, O.D.
419/475-6181
FAX: 419/475-5720
www.eyeskiutah.com

ALLEGHENY OPTICAL NATIONAL OPTOMETRY CONTINUING EDUCATION LECTURE SERIES VIII
March 9, 2008
Kepler Theater, Hagerstown Community College, Hagerstown, Maryland
Debbie Staley, BS
301/790-2800, ext. 454
staleyd@hagerstowncc.edu

OPTOWEST 2008
March 13-16, 2008
Long Beach Convention Center, Long Beach, California
Tamalon Littlefield
800/877-5738, ext. 228
FAX: 916/448-1423
tamalon@coavision.org
www.optowest.com

MARYLAND OPTOMETRIC ASSOCIATION AND WILMER EYE OPTICAL/JOHNS HOPKINS EVIDENCE BASED CARE IN CONTACT LENS, GLAUCOMA AND CORNEA THERAPEUTICS
March 30, 2008
Turner Auditorium on the Johns Hopkins Hospital Campus, Baltimore, Maryland
Kristen Shoemaker
410/727-7800; 410/727-1801
FAX: 410/752-8295
moa@assnhqtrs.com
www.marylandeyes.com

April 2008

ARKANSAS OPTOMETRIC ASSOCIATION
SPRING CONVENTION
April 17-19, 2007
Embassy Suites, Little Rock, AR
Jennifer Martinez
501/661-7675
FAX: 501/372-0233
www.arkansasoptometric.org

MISSOURI OPTOMETRIC ASSOCIATION
SPRING CE
APRIL 17-22, 2008
ST. MAARTEN
JOYCE BAKER
573/635-6151
INFO@MOEYECARE.ORG

UNIVERSITY OF CALIFORNIA, BERKELEY, SCHOOL OF OPTOMETRY
23RD ANNUAL MORGAN/SARVER SYMPOSIUM
April 18-20, 2008
DoubleTree Hotel, Berkeley Marina, Berkeley, CA
Nyla Marnay
510/642-6547 or 800/827-2163
FAX: 510/642-0279
optoce@berkeley.edu
www.optometry.berkeley.edu

KANSAS OPTOMETRIC ASSOCIATION
ANNUAL CONVENTION
April 24-26, 2008
Capital Plaza Hotel, Topeka, KS
info@kansasoptometric.org
www.kansasoptometric.org

106TH KOA ANNUAL SPRING CONGRESS
KENTUCKY OPTOMETRIC ASSOCIATION
April 24-27, 2008
Marriott Louisville Downtown Hotel, Louisville, Kentucky
sarah@kyeyes.org

THE SEAVISION CONFERENCE
April 24-May 3, 2008
Scotland & Ireland
Sylvia
800/249-3214
www.seavision.info

May

MIDWEST VISION CONGRESS & EXPO
May 8-10, 2008
Park Hyatt Hotel, Rosemont, Illinois

ANNUAL SPRING CONGRESS ARIZONA OPTOMETRIC ASSOCIATION
May 30-June 1, 2008
Hilton El Conquistador, Tucson, Arizona
602/279-0055

To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org

Casey Eye Institute-Optometrist

Schedule:
Days, Full Time

The Casey Eye Institute at Oregon Health & Science University (OHSU) in Portland, Oregon is seeking an Optometrist with exceptional clinical skills in the areas of Low Vision Rehabilitation and comprehensive eye & vision care to join the practice.

The Casey Eye Institute houses the department of Ophthalmology within Oregon Health & Science University. The Institute has over 50 physicians and optometrists who cover all subspecialty areas of ophthalmology and optometry and is nationally recognized for the excellence of its staff. Casey is home to 300 total employees, and is part of OHSU, which has nearly 12,000 employees working to fulfill its mission of teaching, healing, discovery and outreach.

Candidates must have earned a Doctor of Optometry degree from an accredited college or school of optometry and possess or be eligible to obtain current Oregon licensure. Completion of a residency in low vision rehabilitation or equivalent clinical experience is expected. Required clinical skills include comprehensive low vision rehabilitation, refractometry, keratometry, retinoscopy, tonometry, pachymetry and the ability to perform and analyze corneal topography, and provide comprehensive eye & vision care including contact lens fitting and dispensing. Other desired skills include clinic management, teaching of ophthalmology residents, patient counseling, and public speaking.

Salary commensurate with experience. OHSU offers excellent benefits with an employer paid retirement plan. OHSU is an equal opportunity, affirmative action institution.

Please send CV and letter of interest to:

Contact: Alix Bach, MPA
Human Resources Manager
Email: *bacha@ohsu.edu*
Mail: 3181 S.W. Sam Jackson Park Road, Mail Code CEI-HR
Portland, OR 97239-3098
Phone: (503) 494-2640
Fax: (503) 494-0470

Executive Director

The Association of Regulatory Boards of Optometry is seeking an experienced executive director to manage their activities and finances. The Executive Director recommends new policies, provides program guidance, and implements policy adopted by the Board of Directors and/or the House of Delegates. The Executive Director coordinates eight staff and over 50 volunteers in the development and implementation of ARBO programs and activities. For additional information visit arbo.org.

Computer and technology skills are essential. Experience in management and motivation of people, expertise in organizational methods, oral/written communication, and multi-tasking ability are highly desirable. Experience in the ophthalmic community would be preferred. Excellent benefit package. Salary dependent on experience and qualifications.

While ARBO offices are currently located in St. Louis, relocation to another metropolitan area would be considered.

Please forward resume and salary history or inquires to: *execdirarbo@yahoo.com.*

Deadline for applications is December 2, 2007.

ARBO®
Association of Regulatory Boards of Optometry, Inc.

The Prevention of Blindness Society of Metropolitan Washington Announces a Low Vision Residency

The Prevention of Blindness Society (POBS) of Metropolitan Washington D.C is pleased to sponsor a one year clinical fellowship in Low Vision Rehabilitation, starting July 7, 2008. A generous compensation package including medical and malpractice insurance, paid time off and educational benefits will be provided. Training will take place at the Inova Hazel E.R.

Widner Low Vision Center, in Northern Virginia and the National Rehabilitation Hospital, Washington, DC. The goal of the program is to provide advanced clinical training in low vision rehabilitation for individuals who have already completed a low vision residency, or well qualified, new graduates with a strong interest in low vision, by practicing in an interdisciplinary clinical setting within the Physical Medicine department of two of the prominent outpatient rehabilitation facilities in the area. The candidate will also participate in the activities of POBS including lecturing to visually impaired groups, performing vision screenings and conducting community awareness programs. The fellowship has been designed to introduce the candidate to the community and potentially provide a permanent low vision rehabilitation opportunity. Therefore, preference will be given to applicants willing to remain in the metropolitan Washington D.C community and continue practicing low vision rehabilitation upon completion of the fellowship.

Please see the Society's website at ***www.youreyes.org*** for application forms and more information.

Broward County Optometric Association

GOLD COAST EDUCATIONAL RETREAT

Saturday/Sunday, January 19-20, 2008

Hyatt Regency/Pier 66, Ft. Lauderdale

17 hours CE, all COPE approved or approval pending, including:
Florida jurisprudence, Medical Errors 10 hours Florida TQ

Featured Speakers include:

Paul Freeman, OD, FAAO, COVD – *geriatric patients and low vision*
Mark Dunbar, OD, FAAO – *retina*
Steven Newman, OD – *nutrition and disease*
John McSoley, OD, FAAO –*OCT and visual field testing in glaucoma*

For a brochure or more information,
contact: *BCOA@browardeyes.org* or Steve or Lynne at 800-808-5018

Come to Florida for Sun, Fun, and Great Continuing Education

DEAN
College of Optometry

Pennsylvania College of Optometry (PCO) seeks applicants for the position of Dean of the College of Optometry. Under the direction of the Vice President and Dean for Academic Affairs, this position serves as the Chief Academic Officer for the Doctor of Optometry Program, and is responsible for the development, implementation, evaluation and fiscal management of the Program. The Dean is expected to continue the College's tradition of curricular innovation and leadership in progressive optometric education. As part of the College's new university academic leadership team, the Dean participates in institution wide strategic planning, assessment, resource development and research advancement.

The Dean of the College of Optometry is responsible for all international optometry programs. This includes degree, non-degree and certificate programs currently being conducted in several countries around the world. The Dean is expected to strengthen and expand this vital part of the College's mission.

The Dean of the College of Optometry is also responsible for faculty development and the evaluation of recommendations for faculty promotions and tenure. The Dean is a member of the Academic Program Council, which includes Deans and Program Directors for the audiology, blindness and visual impairment graduate programs, and the new physician assistant program. In this regard, the Dean of the College of Optometry is responsible for promoting interdisciplinary academic programs and student experiences.

A Doctor of Optometry degree is required. In addition, qualified applicants must possess successful and substantial leadership experience. Preference will be given to candidates with relevant academic administrative experience and a broad understanding of optometry and its present and future role within a complex and dynamic health care system.

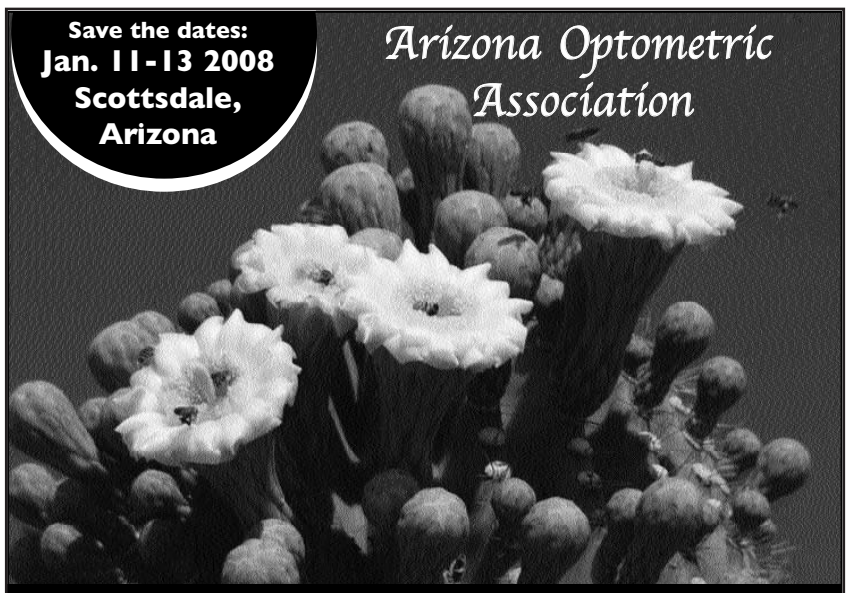
PCO is the founding college of the Pennsylvania Health and Science University, which is the new name of the institution, pending Department of Education approval expected by January 2008.

Applicants accepted until January 15, 2008. To apply, please submit your curriculum vitas along with 3 letters of reference and cover letter to:

Pennsylvania College of Optometry, Human Resources Department
8360 Old York Road, Elkins Park, PA 19027
Contact: Karen Boykin, Executive Assistant to the VP of Academic Affairs
Phone: 215-780-1421, E-mail: karen@pco.edu

Pennsylvania College of Optometry

EEO/AA



34th Annual Invitational
Bronstein Contact Lens Seminar
January 11-13, 2008

Chaparral Suites Hotel • Scottsdale, Arizona
19 hours of COPE Approved CE
Early registration deadline: Dec. 15, 2007

Seminar Registration Information
Arizona Optometric Association
1702 E. Highland, #213, Phx. AZ 85016
602.279.0055 Fax: 602.264.6356
Linda@azoa.org

SOUTHERN COLLEGE OF OPTOMETRY

Southern College of Optometry has faculty positions available for clinicians in various disciplines. While our needs are primarily for clinicians in primary care, those with talents in other areas are also encouraged to apply. The successful candidate will have excellent clinical skills, leadership abilities and a high degree of intellectual curiosity. Additional skills such as classroom education and clinical research are also desirable.

The position requires a Doctor of Optometry degree with full scope licensure in Tennessee (or eligibility for such licensure.) An advanced degree and/or residency training are highly desirable.

Salary is commensurate with level of education, training and experience.

For information, please address inquiries to:

Charles L. Haine, O.D., M.S.
Vice President for Academic Affairs
Southern College of Optometry
1245 Madison Avenue
Memphis, Tennessee 38104-2222
(901) 722-3234
email: chaine@sco.edu

SCO is an equal opportunity, affirmative action employer and encourages women and members of racial or ethnic minorities to enter into candidacy for this position.

CLASSIFIEDS

Professional Opportunities

ALL STATES – PRACTICES FOR SALE and 100% FINANCING plus working capital. Largest database of Sellers/Buyers. Confidentiality maintained. Buyers are prequalified. Seller receives free valuation, free internet advertising. Successful transition is guided by 30 yrs. of professional experience. Visit our website for current listings. Call ProMed Financial, Inc. 888/277-6633. www.promed-financial.com

Associate needed for 23 year old specialty practice. LV, Developmental Vis., CRT, specialty contacts. Will mentor if desired. 806-745-2222 Lubbock, Texas

BUYING or SELLING? A NEW VISION IN PRACTICE SALES. Practice Concepts specializes in practice sales for eyecare professionals. Led by Alissa Wald, O.D. and Scott Daniels, our nationwide team combines over 75 yrs experience in finance, management and hands on practice ownership. We're in practice to advance your practice™. For more information and current listings visit www.practiceconcepts.com or call 877-778-2020.

Central VA - Small city. Associate position leading to partnership. Residency trained or 2 years experience. Email vita with cover letter to advancedeyecare@hotmail.com

Colorado - Practice for Sale Exceptional private practice opportunity available in affluent Metro Denver, Colorado. Recently renovated with complete optical and onsite-finishing lab. Located in a busy retail area. Asking 70K. Motivated seller. Contact contact@coffeyowens.com or 303-316-0331.

DOWNEAST MAINE *Optometrist* Immediate opening for a full-time optometrist in a busy, full scope optometric practice in beautiful Downeast Maine. We have two office locations in Calais and Machias. A great opportunity to become part of a well-established and respected practice with the option for purchase. E-mail: halmac2@verizon.net.

Indiana residency trained or experienced consultative O.D. with leadership skills for high intensity optometric/surgical team. Fax Resume to Jim Hunter, O.D., 317-738-5544.

MONTANA - Second generation practice for sale. Situated on the Lower Yellowstone River. Excellent schools, community college, golf course, fishing, and hunting. Thriving solo practice with satellite. Contact Dr Ken Zuroff, Box 1369, Glendive, MT 59330. e-mail zuroffk@midrivers.com 406-377-6021

New Mexico: Excellent practice for SALE in **Carlsbad, New Mexico Gross** = 620 k Contact: Dr. Reber Call (505) 392-8880

NJ-PRACTICE FOR SALE. Grossing $820,000 annually on 37 OD-Hours per week. Long established, 3 fully equipped lanes. Atlantic County. 100% Financing Available. Call 800-416-2055

Ohio-Hamilton County. Practice for Sale. Grossing $800,000, Netting $300,000+ annually on 4.5 OD days. Long established, fully equipped. 100% Financing Available. Call 800-416-2055

Optometry Opportunities in Connecticut, Massachusetts, New York, New Jersey, Pennsylvania, Texas and Wisconsin. We are seeking caring Optometrists to join our group practice who desire to provide the highest quality of patient care in a challenging and rewarding setting. You will examine and diagnose the full range of eye pathology, while serving a significantly important population in your community. We currently have FT & PT opportunities available in CT, MA, NJ, NY, PA, TX & WI. We offer an excellent compensation package, including Malpractice, Health, Life, Dental, 401k, CEU, mileage, LT & ST Disability. We provide you with an established patient base, all equipment & supplies, complete office support, and a family-friendly flexible schedule with no nights or weekends. If interested, please email your CV to caring@healthdrive.com or call MARIA (toll free) at 877-724-4410.

Pharma Sales Established pharma/device co. seeks independent reps for territories throughout the U.S. Non-competing lines ok. Excellent commission and lead referrals. Trade show travel and expenses paid. Consult www.ocusoft.com Send resumes in confidence to: Mary Harris; email: mharris@ocusoft.com.

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